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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

|  |  |                        |                        |
|--|--|------------------------|------------------------|
|  |  | Application Number     | 10/534,292-Conf. #1144 |
|  |  | Filing Date            | May 9, 2005            |
|  |  | First Named Inventor   | Karen Silence          |
|  |  | Art Unit               | 1644                   |
|  |  | Examiner Name          | M. E. Szperka          |
| Total Number of Pages in This Submission |  | Attorney Docket Number | A0848.70004US00        |

## ENCLOSURES (Check all that apply)

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                                       |
| <input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD   | <input type="checkbox"/> Other Enclosure(s) (please identify below):  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53   | <input type="checkbox"/> Remarks  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                |          |        |
|--------------|--------------------------------|----------|--------|
| Firm Name    | WOLF, GREENFIELD & SACKS, P.C. |          |        |
| Signature    | /John R. Van Amsterdam/        |          |        |
| Printed name | John R. Van Amsterdam          |          |        |
| Date         | February 5, 2009               | Reg. No. | 40,212 |

### Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: February 5, 2009

Signature: /Sylvana Householder/